

FULTON COUNTY MEDICAL PRE-SCREENING FORM

DATE: 5/31/14 TIME: 12^{AM} Name: Robinson, William Sex: M F
 DOB: 6/9/75 Booking #: 1608785

Observations:	YES	NO
Is inmate unconscious or unable to respond to questions?		<input checked="" type="checkbox"/>
Does the inmate appear to have pain or injuries requiring immediate medical attention?		<input checked="" type="checkbox"/>
Does the inmate appear to be under the influence of alcohol /drugs?		<input checked="" type="checkbox"/>
Are there any visible signs/symptoms of alcohol/drug withdrawal?		<input checked="" type="checkbox"/>
Does the inmate's behavior suggest the risk for suicide?		<input checked="" type="checkbox"/>
Does the inmate's behavior suggest the risk of assault to staff or others?		<input checked="" type="checkbox"/>
Questionnaire to inmate:	YES	NO
Have you ever attempted or contemplated suicide?		<input checked="" type="checkbox"/>
Are you considering suicide at this time?		<input checked="" type="checkbox"/>
Have you fainted recently or had a recent head injury?		<input checked="" type="checkbox"/>
Have you recently been hospitalized?		<input checked="" type="checkbox"/>
Have you recently been injured? <u>SAYS Shoulder is D/I</u>	<input checked="" type="checkbox"/>	
Are you diabetic? If yes accu check:		<input checked="" type="checkbox"/>
Do you have a chronic cough, coughing up blood, night sweats, fever or recent weight loss?		<input checked="" type="checkbox"/>
Have you ever tested positive for tuberculosis?		<input checked="" type="checkbox"/>
Do you drink wine, beer or other alcohol on a regular basis?		<input checked="" type="checkbox"/>
Have you had withdrawal problems, seizures or blackouts from alcohol or drugs?		<input checked="" type="checkbox"/>
Are you currently detoxing from alcohol or drugs?		<input checked="" type="checkbox"/>
Do you take DAILY medications prescribed by a physician for an ongoing medical condition? <u>abuprofen</u>	<input checked="" type="checkbox"/>	
Questionnaire to inmate (females only):	YES	NO
Are you pregnant?		<input checked="" type="checkbox"/>
Have you recently had a baby, miscarriage or abortion?		<input checked="" type="checkbox"/>
Complete Ebola Virus Disease Screening on back of form!	<input checked="" type="checkbox"/>	

Vitals: B/P (*SBP<100) 122/86 Temp (*>100) 97.2 Respiration 14 Pulse (*>100) 50 0290%

High acuity inmates must have color coded armband(s) placed at this time if applicable.

Check appropriate boxes

☐ Blue – medical (IDDM, HTN Crisis, Seizures)

☐ Red – Detox

☐ Yellow – Pregnancy

☐ Green – Mental Health (suicidal, homicidal, actively psychotic)

9-8-15
cough blood
mouth injury

Lt shoulder injury
head injury
injuries to hands
legs/mouth

tazed during altercation

NKDA

